

# Fee Assistance Application

FOR OFFICE USE ONLY:

MI-ME: \_\_\_\_\_  
☐ Approved ☐ Denied Date: \_\_\_\_\_  
☐ Letter Sent Date: \_\_\_\_\_  
 Staff Initials: \_\_\_\_\_

## HOUSEHOLD INFORMATION

Name (Main Contact Person): First \_\_\_\_\_ Last \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Name of each member of household	Birthdate	Grade in Fall/2017	Male/ Female	Relationship to Main Contact Person
1. (Main Contact Person)				
2.				
3.				
4.				
5.				
6.				

If additional space is needed, please continue listing on the back of this form.

My child participates in a Free or Reduced Priced Lunch Program at school.

☐ YES ☐ NO

If yes, provide a copy of the eligibility letter from the school and skip to step 4.

If no, continue to step 3 and provide copies of documents.

## INCOME INFORMATION

(Needed ONLY if child does NOT Receive Free or Reduced Lunches)

To demonstrate financial need, provide a copy of your federal tax return for the previous year and copies of the most recent **two months** of income for your household.

Income is based on gross pay.

The following are examples of income:

Employment; Federal, State and /or County support; Spouse and/or Child

	*PER MONTH*
Earned <b>MONTHLY</b> Income (Before taxes or deductions)	\$
Federal, State, and/or County Support	\$
Spouse and Child Support	\$
Social Security/SSI	\$
Interest, Dividends, & Estate or Trust	\$
Pensions, Annuities & PERA	\$
Disability or Workman's Compensation	\$
Unemployment Compensation	\$
All other income received by household	\$
<b>TOTAL MONTHLY INCOME</b>	\$

I certify that this information is true and correct.

SIGNATURE of Main Contact Person: \_\_\_\_\_ DATE: \_\_\_\_\_